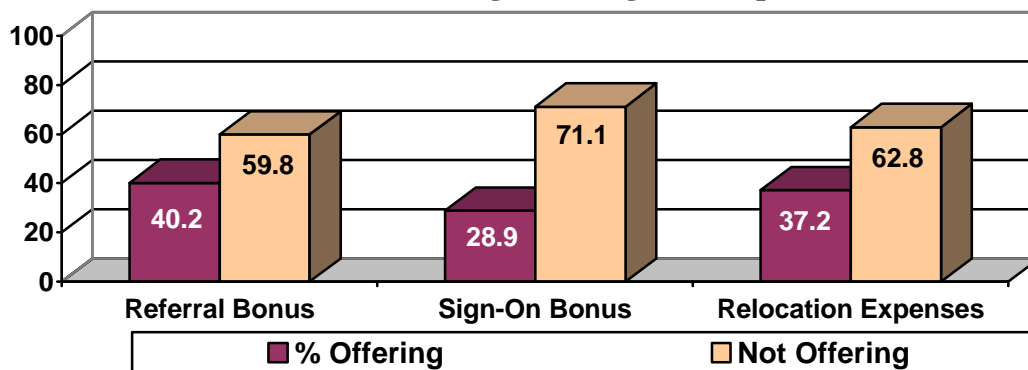


Another retention strategy that has been shown to be effective for nurses is the use of shared governance management structures that allow nurses more direct control over their work schedules and the daily organization of their work. And, similar to public recognition programs, shared governance is not a costly effort. But to be successful, the philosophy of shared governance which relies on a management style of cooperation rather than control, must be adopted by all levels of management in the organization. In our survey, only 31% of hospitals in the state indicated that they had established a shared governance management structure, but that percentage varies by the size of the organization. See Table 13 for the percentage breakdowns.

Chart 3 shows that the majority of hospitals in North Carolina were not offering recruitment bonuses in the summer of 2000. Of the three types of bonuses we asked about, the most popular, used by 40.2% of responding hospitals, was a referral bonus paid to existing employees to bring in new employees. This type of bonus is less damaging to the morale of existing staff than other types of new hire bonuses and might reduce the turnover rate of new hires due to the social connection between the new hire and an existing staff member. An almost equal number of hospitals were paying relocation expenses for at least some new hires at the time of the survey. However, comments by employers made it clear that this type of recruitment strategy is often limited to specific types of personnel, such as management or administration, or is decided on a case-by-case basis. Larger hospitals, and those with higher vacancy rates, were most likely to be using referral bonuses and paying relocation expenses during the summer of 2000.

Chart 3. Use of Recruitment Bonus Strategies among NC Hospitals, Summer 2000.



Long-term strategies for ensuring an adequate nursing workforce include activities that encourage young people to choose health care careers. We asked North Carolina hospitals whether their organization was engaged in any of the activities listed in Table 14. Eighty percent indicated they have made their facilities available as clinical sites for high school health occupation classes. Of the relatively small number of hospitals that did not, most had occupancy rates greater than 75% (chi-